Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: CASTING COMMUNITY MEDIA, INC.
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):
Address of Service Provider: 391 BROAD WAY, 5THE , NY, NY, NY, 10013
Name of Agent Designated to Receive Notification of Claimed Infringement: Mr. R. bert Morgan
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): KIKUCHIL, TNC. 391 BROWNEY, 5THEL., NY, NY 10013
Telephone Number of Designated Agent: 646 - 277 - 7141
Facsimile Number of Designated Agent: 212 - 226 - 4760
Email Address of Designated Agent: roberte Kikucall com
Signature of Officer or Representative of the Designating Service Provider: Date: 2/26/08
Typed or Printed Name and Title: ROBERT MORGAN, DIRECTOR OF FINANCE

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



